

FACILITY NAME: ARMIRA CORP.  
LOCATION: 1602 MUSSOR ST.  
RCRA ID #: EAD096514591 DATE: 06/09/94

**IMPACT OF FLOOD AND RAIN QUESTIONNAIRE  
RCRA PROGRAM**

1. Is this facility located within approximately 1/2 mile of a river, creek or stream? YES or NO? If YES, what is the name if known? MUSCATINE Slough

2. Are there any visual signs that the facility was affected by flood waters? YES or NO? If YES, describe: \_\_\_\_\_

3. Was the facility damaged by the flood water or rain? YES or NO? If YES, generally describe the damage. \_\_\_\_\_

**IF THE ANSWER TO QUESTION #3 IS NO, STOP HERE.**

4. Was there any damage to inventories, products or waste at the facility that would have caused the facility to generate hazardous waste? YES or NO?

5. Were there any release of hazardous material as a result of the flooding? YES or NO? If yes, describe: \_\_\_\_\_

6. If the answer to question #5 is YES, has remedial activity occurred to address the releases? YES or NO? If YES, describe: \_\_\_\_\_

7. Were there any circumstances (e.g. design criteria) or actions that the facility took that were useful in preventing potential releases or generation of hazardous materials? YES or NO? For the purpose of this question, we are looking for the "lessons learned" that may be useful in future guidance, etc. If YES, describe: \_\_\_\_\_



R00407869

RCRA RECORDS CENTER

RCRA FILE COPY

EAD096514591

DOCUMENT # \_\_\_\_\_



FACILITY NAME: \_\_\_\_\_  
LOCATION: \_\_\_\_\_  
RCRA ID #: \_\_\_\_\_

IF THE ANSWER TO QUESTION #4 IS NO, STOP HERE.

8. Is the facility currently storing hazardous waste generated as a result of the flood? YES or NO? Is the storage area located inside or outside or both? INSIDE (I), OUTSIDE (O) or BOTH (B)? Describe the type and amount of hazardous waste in storage.

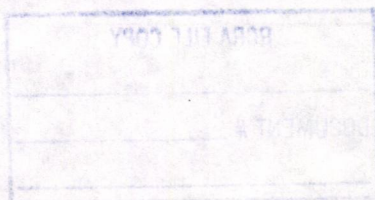
TYPE	AMOUNT	I, O or B
Examples:		
Contaminated MEK	2 - 55 gal. Drums	O (Outside)
Cleaning Products	6 spray bottles	I (Inside)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

9. Did the facility generate hazardous waste as a result of the flood that was subsequently sent off-site? YES or NO? Describe the type and amount of hazardous waste generated.

TYPE	AMOUNT
Examples:	
Contaminated MEK	2 - 55 gal. Drums
Cleaning Products	6 spray bottles
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

OTHER COMMENTS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Last Revised: 1/25/91

Time to complete screening: \_\_\_\_\_

**RCRA SCREENING CHECKLIST**

Inspector: James Aycock Primary Media: \_\_\_\_\_

Date: 06/09/94

Facility: ARMIRA Corp.

Facility Address: 1602 Musser St

Muscatine IA 52761

Phone (319) 264-1330

Contact/Title: Tom Newcomb

SIC #: \_\_\_\_\_ Process: Closed Tannery

**Office Questions:-----**

1) Facility description One large building on north side of Musser St. 24 acres of property

2) Does facility have an EPA ID number? Yes ☐ No ☒ # IAD096514591

3) What Chemical and/or Industrial Waste (CIW) streams are generated? (list: Name, Amount generated/month, Final disposition) None

4) Does the facility classify any of their CIW's as hazardous waste (HW)? Yes ☐ (please note which ones are classified as HW) No ☒

5) Does the facility conduct any of the following on-site activities: Treatment/Recycling/Burning/Open Dumping /Landfills/Surface Impoundments? Describe: None

**Field Observations:-----**

6) Are CIW/HW stored on-site? Yes ☐ No ☒  
Describe (material, approximate quantity, storage method): \_\_\_\_\_

7) Describe condition of storage containers/tanks (open, damaged, unlabeled, leaking, etc.): \_\_\_\_\_

8) Are incompatible wastes stored together (acids, bases, solvents, cyanides)? Yes ☐ No ☒ Describe: \_\_\_\_\_

9) Are there any signs of past spills/releases (dead or stressed vegetation, ground discoloration, stains)? Yes ☐ No ☒  
Describe \_\_\_\_\_

10) Do any of the on-site Chemical and/or CIW/HW management practices concern you? Yes ☐ No ☒ Describe: \_\_\_\_\_

11) Recommendations and/or Additional Observations:

Has not operated plant since 1983 - lease part of property to a farmer



**RCRIS HANDLER INFORMATION**

This form completed on 6/9/94 (date) by James Aycock (name of person completing form)  
metcalfe & eddy (name of person's employer), ~~TES~~ REPA Contractor.

Instructions for completing form: Completion of all items in BOLDFACE is REQUIRED; completion of other items is optional, subject to the availability of the information.

EPA RCRA ID NUMBER: IA D096574591

**1. NAME OF INSTALLATION (COMPANY CURRENTLY OCCUPYING SITE):**

ARMIRA Corp.

**2. LOCATION OF INSTALLATION (PHYSICAL ADDRESS, NOT PO BOX OR RURAL ROUTE NUMBER; ADDRESS MUST BE SPECIFIC; IF NECESSARY, INCLUDE DIRECTIONS ON HOW TO FIND THE INSTALLATION)**

- EXAMPLES OF UNACCEPTABLE INSTALLATION ADDRESSES ARE: "Box 47," "RR #3," "Curtis Ave," "Hwy 49 West"

- EXAMPLES OF ACCEPTABLE ADDRESSES ARE: "123 Main St," "1 mile west of Hwy 6 on County Road EE," "J 12," "NW corner of Jackson and Jefferson Streets"

**STREET ADDRESS:** 1602 Musser St.

**CITY/ZIP CODE:** Muscatine, IA 52761

**3. INSTALLATION MAILING ADDRESS (IF SAME AS LOCATION ADDRESS, WRITE "SAME"):**

**STREET ADDRESS:** "Same"

**CITY/ZIP CODE:** \_\_\_\_\_, IA \_\_\_\_\_

**4. INSTALLATION CONTACT PERSON:**

Name: AKZONA TOM NEWCOMB

Title: Supervisor

Telephone Number: Area Code (319) 264-1330

Street Address: 1602 Musser

City/Zip Code: Muscatine, IA 52761

**5. OWNERSHIP INFORMATION:**

Name of Installation's Legal Owner: AKZONA / AKZO chemicals

Street Address: 300 S. Riverside Plaza

City/Zip Code: Chicago, IA 60606

Telephone Number: Area Code (312) 906-7500

Contact PHIL Radtke

**6. RCRA REGULATED ACTIVITY APPARENTLY BEING CONDUCTED AT SITE (CHECK ALL THAT APPLY)**

☐ Hazardous waste generation ☐ Hazardous waste transportation

☐ Conditionally exempt small quantity generator

☐ Transports waste for self only

☐ Small quantity generator

☐ Transports waste for hire

☐ Large quantity generator

☒ Other: (specify) NONE

RCRIS data entered

BY

TCOPO AARP/SEE

ON

7/17/95



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
CONFIDENTIALITY NOTICE

Facility Name <i>ARMIRA Corp</i>	
Facility Address <i>1602 MUSSEK MUSCATINE IA 52761</i>	
Inspector (print) <i>James Aycock</i>	Title <i>ENV. Scientist</i>
U.S.EPA, Region VII, RCRA/IOWA, 726 Minnesota, Kansas City, KS 66101	
Date <i>6/9/94</i>	

It is possible that the United States Environmental Protection Agency (EPA) will receive public requests for release of the information obtained during inspection of the facility above. Such requests will be handled by EPA in accordance with provisions of the Freedom of Information Act (FOIA), 5 U.S.C. 552; EPA regulations issued thereunder, 40 CFR Part 2; and the applicable statute under which the information is obtained. EPA is required to make inspection data available in response to FOIA requests, unless the Agency determines that the data contains information entitled to confidential treatment.

Any or all of the information collected by EPA during the inspection may be claimed confidential, if it relates to trade secrets or commercial or financial matters that you consider to be confidential. If you make claims of confidentiality, EPA will disclose the information only to the extent, and by the means of the procedures set forth in the regulations (cited above) governing EPA's treatment of confidential information.

**To claim information confidential, you must certify that each claimed item meets all of the following criteria (40 CFR 2.208):**

1. Your company has taken measures to protect the confidentiality of the information, and it intends to continue to take such measures.
2. The information is not, and has not been, reasonably obtained without your company's consent by other persons (other than governmental bodies) by use of legitimate means (other than discovery based on showing special need in a judicial or quasi-judicial proceeding).
3. The information is not publicly available elsewhere.
4. Disclosure of the information would cause substantial harm to your company's competitive position.

**In addition**, within fifteen (15) calendar days of the claim, you must provide written comments in support of the claim, based on factors listed in 40 CFR 2.204(e)(4). This statement should be mailed by registered, return-receipt requested mail to the Inspector at the address listed above. Failure to submit comments by this deadline will be deemed a waiver of the claim pursuant to 40 CFR 2.205(d)(1).

At the completion of the inspection, you will be given a receipt for all materials collected. At that time you may make claims that some or all of the information is confidential and meets the criteria listed above.



U.S.EPA INSPECTION CONFIDENTIALITY NOTICE (cont.)

Facility Name
ARMIRA corp
Facility Address
1602 MUSSER MUSCATINE IA 52761

If you are not authorized by your company and there is no one on the premises of the facility who is authorized to make confidentiality claims, this notice will be sent by certified mail, along with the receipt for documents, samples, and other materials, to the authorized representative designated below.

Authorized Representative \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

If the authorized representative listed above requests confidential treatment, they must return a statement specifying any information which should receive confidential treatment and written comments in support of the claim based on factors listed in 40 CFR 2.204(e)(4).

This statement from the authorized representative should be mailed by registered, return-receipt requested mail within fifteen (15) calendar days of receipt of the Confidentiality Notice to the Inspector at the address listed on page 1.

Failure to submit confidentiality claims and comments within the fifteen (15) day period will be deemed a waiver of the claim pursuant to 40 CFR 2.205(d)(1).

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To be completed by the facility official receiving this Notice:

I have received and read this Notice.

Facility Representative Provided Notice (print)	Title
THOMAS L. NEWCOMB -	
Signature/Date	
Thomas L. Newcomb	6/9/94

(rev:1/20/93)



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
REQUEST FOR CONFIDENTIAL TREATMENT

Facility Name <i>ARMIRA corp</i>
Facility Address <i>1602 musser muscatine IA 52761</i>

Information for which confidential treatment is requested:

Acknowledgement of Claimant

The undersigned requests that confidential treatment of the information described be provided in accordance with provisions of the Freedom of Information Act (FOIA), 5 U.S.C. 552; EPA regulations issued thereunder, 40 CFR Part 2; and the applicable statute under which the information is obtained. The undersigned further acknowledges that they are authorized to make such claims for their firm.

The undersigned also certifies that each claimed item described above meets all of the following criteria (40 CFR 2.208):

1. Your company has taken measures to protect the confidentiality of the information, and it intends to continue to take such measures.
2. The information is not, and has not been, reasonably obtained without your company's consent by other persons (other than governmental bodies) by use of legitimate means (other than discovery based on showing of special need in a judicial or quasi-judicial proceeding).
3. The information is not publicly available elsewhere.
4. Disclosure of the information would cause substantial harm to your company's competitive position.

In addition, within 15 days of your claim, you must provide written comments in support of the claim, based on factors listed in 40 CFR 2.204(e)(4). Failure to submit comments by this deadline will be deemed a waiver of the claim pursuant to 40 CFR 2.205(d)(1).

Authorized Representative (print) <i>THOMAS L. NEWCOMB</i>	Signature/Date <i>Thomas L. Newcomb 6/9/94</i>
No confidential treatment claimed during the inspection: <u>TZN</u> (Facility Representative's initials)	
Inspector (print) <i>James Aycock</i>	Signature/Date <i>James Aycock 6/9/94</i>
U.S.EPA, Region VII, RCRA/IOWA, 726 Minnesota, Kansas City, KS 66101	